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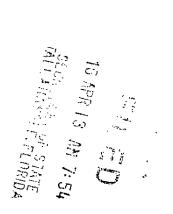
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**Wolters Kluwer** 2075 Centre Pointe Boulevard, Tallahassee, FL, 32308 850-205-8842 Global Wellness Summit LLC Thank you! ( ) Profit () Amendment () Merger () Nonprofit ( ) Dissolution/Withdrawal ( ) Foreign () Mark () Reinstatement () Limited Partnership () Annual Report ( ) Other (X) LLC () Name Registration Registration () Fictitious Name () UCC () Certified Copy () CUS ( ) Photocopies ( ) Call If Problem () Call When Ready (x) Walk In () Will Wait (x) Pick Up () Mail Out Name 4/13/2016 Order#: Availability \_\_\_\_\_ 9982285 Document ST Examiner \_\_\_\_\_ Ref#: Updater \_\_\_\_\_ Verifier \_\_\_\_\_

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W.P. Verifier \_\_\_\_\_

## COVER LETTER

	egistration Section ivision of Corporati	ions		
SUBJECT	: Global Wellnes	s Summit LLC	f Limited Liability Company	
		Name o	Thimited Liability Company	
The enclose	d "Application by F	oreign Limited Liability Cor	npany for Authorization to T	ransact Business in Florida," Certificate of ity company to transact business in Florida
Please retur	n all correspondence	concerning this matter to th	e following:	
	Neil Kurlande	or .		
		)	Name of Person	······································
	Spafinder We			
			Firm/Company	AC 100 C 44 C 4 C 4 C 4 C 4 C 4 C 4 C 4 C 4
	333 SE 2no	d Avenue, Suite 3750		
			Address	
	Minmi, FL 33	131		
		City/S	State and Zip Code	
	neil@spafinder,	com		
		E-mail address: (to be use	ed for future annual report no	tification)
For further in	nformation concerni	ng this matter, please call:		
Nei —	il Kurlnader Name	of Contact Person	at ( <u>212</u> ) Area Code Day	716-1201
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallabassee, FL 32314		STREE) Division Rogistrat Clifton B 2661 Exc	<u>'ADDRESS:</u> of Corporations ion Section	
	check for the follow 125 00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FEORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Global Wellness Summ	iit LLC	•						
(Name of Ford	sign Limited Liability Company; in	st inch	de "Limited Li	ability Comp	any," "L.L.C.," oi	("I.C.")		
(If name unavailable, enter al Liability Company," "L.L.C,	ternate name adopted for the purpos	se of Ira	nsacting busine	ss in Florida	The alternate nur	me must includ	e "Limit	ed
2 New York		1	21-2165868					
company is organized)	of which foreign limited liability	171	<del></del>	(FBI oun	iber, if applicable	)		
4. August 15, 2015	Date firet transported business	vea in E	orida il'indor (	o maletralian				
	(Date first transacted busin (See sections 605,0904 & 605	.0905,	S. to determin	e penalty lini	ollily)			
5. 333 SE 2nd Avenue, St	nite 3750, Maimi, FL 33131				······································			
141-241-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	(Street Address of	Principa	i Office)			114		
6. 333 SE 2nd Avenu	ue, Suite 3750, Miami, FL	3313	·				mes ".	
With a leavest a manager and value	iterati e i ir dan minami. I i i i i i dadini e i i i i i i i i i i i i i i i i i	7_7_1.2.					COT This	
	(Mailing)	Addraw	\ <del></del>			<b>≱</b> te	No.	•
	-							To His
7. Name and street address	s of Florida registered agent: (P.	O. Box	NOT accept	abie)		# <del>**</del>	سونت	
Name;	CT Corporation System			<del>-</del>		F 07	15	;
Office Address.	1200 South Pine Island F	Road		<del></del>		086 866	7:5	ų,
	Plantation			, Florida	33324		t-	
Dan barrett in Origina A	(City)			_, _	(Zip code)	•		
Registered agent's accept Having been named as reg	istered agent and to accept serv	dee of p	process for th	e above stat	ed corporation	at the place a	esigna	ted t
with the provisions of all si	iccept the appointment as regist Angles relative to the proper an	ered ap Leomp	ent and agred lete performa	e to act in ti ince of my i	his capacity. 1 f luties, and I am	further agree I familiar with	to com <sub>t</sub> i and a	oly ecep
the obligations of my positi	ion as registered agent.		0 ρ	Mai	donna Cudd	lhy		
	I was well	بر		Spetial .	Assistant Se	cretary		
	·	_	n's signature)	\				
	sity and address of the person(s)	who ha	s/have nuthor	it) to manag	go is/are:			
Pete Ellis, Member						****		
Global Wellness Summit								
333 SE 2nd Avenue, Suite	3750, Miami, FL 33131					<del></del>		
O. Attached is a certificate of urisdiction under the law of of the translator must be sub-	f existence, no more than 90 day f which it is organized. (If the ce mitted)	rs old, d	fully authentices is in a forcing	nted by the on hanguage,	official having c a translation of	ustody of rece the certificate	ords in t under i	the outh
		$\Rightarrow$	1/20	(0				
**	On griding is	dan au	horized person					
This document is executed in submitted in a document to (	n accordance with section 605.02 he Department of State constitute	203 (1) es n thi	(b), Florida S rd degree felor	tatutes. I an ny as provid	aware that any led for in s 817.	false informat 155, F.S.	ion	
	Lauren J. Lienta Typed or pri	inted na	me of signee					

## State of New York Department of State } ss:

I hereby certify, that GLOBAL SPA SUMMIT LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/22/2007, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment GLOBAL SPA SUMMIT LLC, changing its name to GLOBAL SPA AND WELLNESS SUMMIT LLC, was filed 05/01/2012.

A Certificate of Amendment GLOBAL SPA AND WELLNESS SUMMIT LLC, changing its name to GLOBAL WELLNESS SUMMIT LLC, was filed 04/11/2016.

\*\*\*



201604120020 \* 07

Witness my hand and the official seal of the Department of State at the City of Albany, this 11th day of April two thousand and sixteen.

Anthony Giardina

Executive Deputy Secretary of State